bifurcation = 86.16 ± 5.11, to optic chiasma = 75.11 ± 5.82, to ipsilateral anterior clinoidal process = 65.69 ± 6.62, to ipsilateral posterior clinoidal process = 74.3 ± 7.29, to ipsilateral optic canal = 63.73 ± 6.13.
Conclusion: Using endoscope alone during conducting the keyhole approach is better/or no advantage over Using the endoscope as an assistance tool. Our recommendations are to use the introduced measurements in this study for the devolvement of a complete set of instruments for the pure endoscopic approach. We do belief that after starting the pure endoscopic approaches with more advances of technology of endoscopes the pure endoscopic approaches may replace the microscopic in near future.

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Breast surgery

0108: POST-MASTECTOMY BREAST RECONSTRUCTION: OPTIONS FOR THE PATIENT

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Medical students often struggle when faced with “surgical management” questions. This is made more complicated when the surgical treatment options for a condition are multiple, and are heavily influenced by patient input, as is the case for breast reconstruction post-mastectomy. The case report presented uses a stepwise approach to simplify the surgical management of breast reconstruction post-mastectomy into three key questions:

1) Does the patient want breast reconstruction surgery?
2) Is anything stopping the patient from having immediate breast reconstruction post-mastectomy?
3) What sort of breast reconstruction does the patient want?

The case of Mrs. X, a patient with a ductal carcinoma in situ in her right breast, will be used as an example to help understand the possible answers to these three questions.
Such a simplified, systematic approach to surgical management helps medical students understand how elective surgical decisions are made.

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0135: PROVIDING INFORMATION ON LOCAL RATES OF RE-EXCISION FOR BREAST CANCER IS IMPORTANT IN INFORMING PATIENT CHOICE PRIOR TO BREAST CONSERVING SURGERY

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Introduction: Wide local excision followed by radiotherapy is an established alternative to mastectomy, but may be complicated by positive margins. We aimed to determine the rate of positive margins following WLE in our breast unit to aid patient decision making on breast conserving surgery vs mastectomy.
Method: All cases of margin re-excision following wide local excision for breast cancer between 2012 and 2015 were identified from a prospectively maintained database. We determined rates of margin positivity, number of procedures per patient, presence of invasive/pre-invasive disease in re-excision specimens, and tumour factors including size, DCIS, grade and vascular invasion.
Result: 585 wide local excisions for breast cancer were performed during the study period. 61 (10.4%) needed re-excision of margins. Further invasive or pre-invasive disease was identified in 7 (11.5%) re-excision specimens. Three (4.9%) required a third procedure to complete their surgical management. Factors associated with need for re-excision were similar to those previously documented.
Discussion: Re-excision rates following WLE in our hospital are acceptable with 95% of women achieving clear margins after only two procedures (minimum standard). Sharing this information with women considering breast conservation versus mastectomy may help them to make more informed decisions about their treatment options.

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0288: FUNDING PATIENT AND PUBLIC PARTICIPATION IN RESEARCH: AN ALTERNATIVE TO TRADITIONAL SOURCES

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Aim: Traditionally, research funding is provided by specialty specific associations, disease specific organisations, national research councils, small charities, the Royal colleges and industry. Recently, crowdfunding has been used to fund medical research. Our collaborative was awarded a £4,700 grant by ABS to investigate the public's perception of breast cancer research priorities. Our aim was to secure additional resources to supplement our grant and incentivise public participation.
Method: Collaborative members approached local retail outlets and meeting venues to seek donations to the study. A number of national chains were sent requests by post.
Result: A total of 19 establishments were contacted. Donations were received from five establishments (26%). These were in the form of retail vouchers with face value of £650 and free use of meeting rooms (for the public participation events) to the value of £750. The retail vouchers will be used to incentivise public participation in our study. In addition, due to the relationships built up with those organisations, we have been able to recruit participants amongst their staff thereby enhancing the diversity of our participant pool.
Conclusion: A non-traditional approach to funding research is a viable option for researchers, especially for public participation studies.

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0354: FIVE-YEAR LOCAL RECURRENCE FOR BREAST CANCER; THE PRESENTATION OF OUR LOCAL DATA

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Background: Breast cancer is the most common cancer in women, affecting 1 in 8. Overall survival has now reached 80%. Although, in the UK local recurrence rate is largely unknown.
Method: Analysis of collected data for all patients diagnosed with breast cancer at our trust from 2005–2009 to enable 5 year follow up. Comparison to current literature, and statistical analysis of our results was performed
Result: 1075 patients were identified. 137 (12.64%) patients had breast cancer related deaths, giving overall 5 year survival of 74.7%. 19 (1.74%) patients developed local recurrence.78.9% of patients self-presented with their recurrence out of the surveillance program. A multiple logistic regression model was created using the individually statistically significant variables. The analysis highlighted a likelihood ratio of 3.08 (95% CI 1.81–5.43) for Sentinel Lymph Node positivity, and 1.97 (95% CI 1.11–3.4) for tumour size; no other variables contributed significantly to the model.
Conclusion: Our local recurrence rate is significantly lower than the perceived rate of 1–2% per year. Patient self-assessment detected the majority of local recurrence; questioning the benefit of annual clinician review and in keeping with the national drive.

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0493: AXILLARY ASSESSMENT IN INVASIVE LOBULAR CANCERS

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